

C.L. "BUTCH" OTTER, Governor RICHARD M. ARMSTRONG – Director DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6126 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

January 15, 2008

Bart Larsen, Administrator Mount Vernon -- Potomac Investments, LLC 3620 Potomac Way Idaho Falls, ID 83404

Dear Mr. Larsen:

On January 9, 2008, a Fire Life Safety Survey was conducted at Mount Vernon -- Potomac Investments, LLC. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES

Supervisor

Facility Fire Safety & Construction Program

Who

MG/lj

Enclosure

FILE COPY

(X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** 01 - ENTIRE BUILDING A. BUILDING B. WING 13R788 01/09/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3620 POTOMAC WAY MOUNT VERNON - POTOMAC INVESTMENTS, IDAHO FALLS, ID 83404 (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) R 000 Initial Comments R 000 The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on January 9. 2008. The surveyor conducting the survey was: **Taylor Barkley** Health Facility Surveyor Facility Fire safety & Construction

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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